



Dealer Application Form

Contact Name: _____ Date: _____

Company Name: _____

Address of Head Office: _____

Telephone: _____ Fax: _____

Owner's Name: _____ Acc'ts Payable: _____

Addresses of Other Branches: _____

Other associated companies (or Franchises): _____

COMPANY INFO

Year Established: _____ Total Number of Staff: _____

Equipment Brands Sold: _____ Other track brands sold: _____

Building: _____ Square Feet

Number of replacement tracks sold per year: _____ Service Bays: _____ Square Feet

0-5 5-10 10-20 25+ Showroom: _____ Square Feet

Do you currently stock tracks? Yes No Yard space for _____ machines

Market

Your current geographic market (cities, towns, borders): _____

Number of contractors who are current customers: _____

To Be Filled In By Contrax:

Date: _____ Approved By: _____

Please Fax Back to 514-630-9424 or Email to: info@contraxequipment.com

Please note that all information provided will be held strictly in confidence.

Form F-SAL-002, rev 1